

DEPARTMENT OF MANAGEMENT AND BUDGET
DRIVER EXPENSE REIMBURSEMENT VOUCHER

Data Entry Document - Write or Print Clearly

NAME AND COMPLETE HOME MAILING ADDRESS		DATE		
		6 DIGIT VEHICLE NUMBER		
		SOCIAL SECURITY NUMBER *		
		MAIL CODE		
		S		
		WORK PHONE NUMBER		
		DEPARTMENT		
		DIVISION		
		DMB USE ONLY		
		PERIOD COVERED	CHECKED	AUDITED
CHECK REIMBURSEMENT ITEMS BELOW. INDICATE QUANTITIES AND ATTACH RECEIPTS.			DUE DATE	
<input type="checkbox"/> CAR WASHES (How Many) <input type="checkbox"/> GAS (Number of Gallons) <input type="checkbox"/> OIL (Number of Quarts) <input type="checkbox"/> OTHER (Explain)			DOLLAR AMOUNTS	
				\$
				\$
				\$
				\$
TOTAL AMOUNT			\$	

I CERTIFY THAT ALL ITEMS OF EXPENSE INCLUDED ABOVE WERE INCURRED IN THE AUTHORIZED USE OF A STATE VEHICLE, AND REPRESENT PROPER CHARGES.

SIGNATURE OF DRIVER	DATE	APPROVED SIGNATURE OF SUPERVISOR OR MANAGER

SUBMIT TO: Department of Management and Budget
Financial Services
7150 Harris Drive
P.O. Box 30026
Lansing, MI 48909

FOR D.M.B. USE ONLY

INDEX	COMPTROLLER OBJECT	COMMODITY CODE	AMOUNT
TOTAL			

* PROTECTED INFORMATION USED FOR REIMBURSEMENT PURPOSES.